

C. HEALTH STATUS AND FUNCTIONING

BOX C1	REFER TO FLAP, ITEM 8.		
	VITAL STATUS IS CODED:		
	"ALIVE" (1) OR "UNKNOWN" (3)	1	(C1)
	"DECEASED" (2)	2	(D1)

C1. I'd like to ask about (SP's) health. In general, would you say that (SP's) health is . . .

GENHELTH

excellent,	1
very good,	2
good,	3
fair, or	4
poor?	5

C2. How much of the time during the past month has (his/her) health limited (SP's) social activities, like visiting with friends or close relatives? Would you say . . .

HELMTACT

None of the time,	1
Some of the time,	2
Most of the time, or	3
All of the time?	4

C3. Does (SP) wear eyeglasses or contact lenses?

ECHELP

YES	1	(C4)
NO	2	(C4)
SP IS BLIND	3	(C6)

C4. Which statement best describes (SP's) vision (wearing glasses or contact lenses) -- no trouble seeing, a little trouble, or a lot of trouble?

ECTROUB

NO TROUBLE SEEING	1
A LITTLE TROUBLE SEEING	2
A LOT OF TROUBLE SEEING	3

C5. Has (SP) ever had an operation for cataracts?

ECCATOP

YES	1
NO	2
DON'T KNOW	-8

C6. Does (SP) use a hearing aid?

HCHelp

YES	1	(C7)
NO	2	(C7)
SP IS DEAF	3	(C8)
DON'T KNOW	-8	(C7)

- C7. Which statement best describes (SP's) hearing (with a hearing aid) -- no trouble hearing, a little trouble, or a lot of trouble?

HCTROUB

NO TROUBLE HEARING	1
A LITTLE TROUBLE HEARING	2
A LOT OF TROUBLE HEARING	3

- C8. Does (SP) ever have difficulty eating solid foods because of problems with (his/her) mouth or teeth?

DCTROUB

YES	1
NO	2

- C9. How tall is (SP)?

HEIGHTFT _____
HEIGHTIN _____
 FEET INCHES

- C10. How much does (SP) weigh?

WEIGHT _____
 POUNDS

BOX C2	REFER TO QUESTION A1 (PAGE 1).		
	SP IS ...		
	FEMALE	1	(C11)
	MALE	2	(C14)

- C11. Has (SP) had a mammogram or breast X-ray since (TODAY'S DATE) a year ago?

MAMMOGRM

YES	1
NO	2
DON'T KNOW	-8

- C12. Has (SP) had a Pap smear since (TODAY'S DATE) a year ago?

PAPSMEAR

YES	1 (C14)
NO	2
DON'T KNOW	-8

- C13. Has (SP) ever had a hysterectomy?

HYSTEREC

YES	1
NO	2
DON'T KNOW	-8

C14. The next two questions are about shots people take to prevent certain illnesses. Did (SP) have a flu shot for last winter?

[EXPLAIN IF NECESSARY: Did SP get a flu shot any time during the period from September through December of the previous year?]

FLUSHOT	YES	1
	NO	2
	DON'T KNOW.....	-8

C15. Has (SP) ever had a shot for pneumonia?

PNEUSHOT	YES	1
	NO	2
	DON'T KNOW.....	-8

C16. The next couple of questions are about smoking. Has (SP) ever smoked cigarettes, cigars or pipe tobacco?

EVERSMOK	YES	1 (C17)
	NO	2 (INTRODUCTION ABOVE C18)
	DON'T KNOW.....	-8 (INTRODUCTION ABOVE C18)

C17. Does (SP) smoke now?

SMOKNOW	YES	1
	NO	2

Now, I'm going to ask about how difficult it is, on the average, for (SP) to do certain kinds of activities. Please tell me for each activity whether (SP) has no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it?

C18. How much difficulty, if any, does (SP) have stooping, crouching, or kneeling? Would you say (SP) has no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it?

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD C1 </div>	DIFSTOOP	NO DIFFICULTY AT ALL	1
		A LITTLE DIFFICULTY	2
		SOME DIFFICULTY	3
		A LOT OF DIFFICULTY	4
		NOT ABLE TO DO IT	5

C19. How much difficulty, if any, does (SP) have lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes? Would you say (SP) has no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it?

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD C1 </div>	DIFLIFT	NO DIFFICULTY AT ALL	1
		A LITTLE DIFFICULTY	2
		SOME DIFFICULTY	3
		A LOT OF DIFFICULTY	4
		NOT ABLE TO DO IT	5

C20. What about reaching or extending arms above shoulder level?

**SHOW
CARD
C1**

DIFREACH

NO DIFFICULTY AT ALL	1
A LITTLE DIFFICULTY	2
SOME DIFFICULTY	3
A LOT OF DIFFICULTY	4
NOT ABLE TO DO IT	5

C21. How much difficulty, if any, does (SP) have either writing or handling and grasping small objects? Would you say (SP) has no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it?

**SHOW
CARD
C1**

DIFWRITE

NO DIFFICULTY AT ALL	1
A LITTLE DIFFICULTY	2
SOME DIFFICULTY	3
A LOT OF DIFFICULTY	4
NOT ABLE TO DO IT	5

C22. What about walking a quarter of a mile -- that is, about 2 or 3 blocks?

**SHOW
CARD
C1**

DIFWALK

NO DIFFICULTY AT ALL	1
A LITTLE DIFFICULTY	2
SOME DIFFICULTY	3
A LOT OF DIFFICULTY	4
NOT ABLE TO DO IT	5

C23. Next, I'm going to read a list of medical conditions. Please tell me if a doctor ever told (SP) that (he/she) had any of these conditions.

a. Hardening of the arteries or arteriosclerosis?

OCARTERY

YES	1
NO	2
DON'T KNOW	-8

b. Hypertension, sometimes called high blood pressure?

OCHBP

YES	1
NO	2
DON'T KNOW	-8

c. Has a doctor ever told (SP) that (he/she) had a myocardial infarction or a heart attack ?

OCMYOCAR

YES	1
NO	2
DON'T KNOW	-8

d. What about angina pectoris or coronary heart disease?

OCCHD

YES	1
NO	2
DON'T KNOW	-8

- e. What about other heart conditions such as congestive heart failure, problems with the valves in the heart , or problems with the rhythm of (SP's) heartbeat?

OCOTHART	YES	1
	NO	2
	DON'T KNOW	-8

- f. A stroke, a brain hemorrhage, or a cerebrovascular accident?

OCSTROKE	YES	1
	NO	2
	DON'T KNOW	-8

- g. Skin cancer?

OCCSKIN	YES	1
	NO	2
	DON'T KNOW	-8

- h. Any other kind of cancer, malignancy, or tumor?

OCCANCER	YES	1 (i)
	NO	2 (j)
	DON'T KNOW	-8 (j)

- i. On what part or parts of (SP's) body was the cancer or tumor found? (CIRCLE ALL THAT APPLY.)

	OCCLUNG	Lung	1
	OC COLON	Colon, rectum, or bowel	2
	OCCBREAST	Breast	3
	OCCUTER	UTERUS	4
	OCCPROST	PROSTATE	5
OCC KIDNY	OCCBLAD	BLADDER	6
OCCBRAIN	OCCOVARY	OVARY	7
OCC THROA	OCCSTOM	STOMACH	8
OCCBACK	OCCCERVX	CERVIX	9
OCCHEAD	OCCOTHER	Other (SPECIFY)	91
OCCFONEC	OCCOS	

- j. Has a doctor ever told (SP) that (s/he) had diabetes, sugar in (his/her) urine, or high blood sugar?

OCDIABTS	YES	1
	NO	2
	DON'T KNOW	-8

- k. Rheumatoid arthritis?

OCARTHRH	YES	1
	NO	2
	DON'T KNOW	-8

l. Arthritis, other than rheumatoid arthritis?

[EXPLAIN, IF NECESSARY: This includes osteoarthritis.]

OCARTH	YES	1 (m)
	NO	2 (n)
	DON'T KNOW	-8 (n)

m. What part or parts of (SP's) body have been affected by arthritis? (CIRCLE ALL THAT APPLY.)

OCAARM	Arms, shoulders or hands	1
OCAFEET	Hips, knees, feet OR ANYWHERE ON LEGS.....	2
OCABACK	Back	3
OCANECK	NECK	4
OCAALOVR	ALL OVER OR JOINTS	5
OCAOTHER	Other (SPECIFY)	91
OCAOS	_____	

n. Has a physician ever told (SP) that (s/he) had mental retardation?

OCMENTAL	YES	1
	NO	2
	DON'T KNOW	-8

o. Alzheimer's disease or dementia?

OCALZHMR	YES	1
	NO	2
	DON'T KNOW	-8

p. Has a physician ever told (SP) (s/he) had any mental or psychiatric disorder?

OCPSYCH	YES	1
	NO	2
	DON'T KNOW	-8

q. Osteoporosis, sometimes called fragile or soft bones?

OCOSTEOP	YES	1
	NO	2
	DON'T KNOW	-8

r. A broken hip?

OCBRKHIP	YES	1
	NO	2
	DON'T KNOW	-8

s. Parkinson's disease?

OCPARKIN	YES	1
	NO	2
	DON'T KNOW	-8

- t. Emphysema, asthma or COPD?
[COPD = CHRONIC OBSTRUCTIVE PULMONARY DISEASE]

OCEMPHYS YES 1
NO 2
DON'T KNOW -8

- u. Has a doctor ever told (SP) that (he/she) had complete or partial paralysis?

OCPPARAL YES 1
NO 2
DON'T KNOW -8

- v. IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, CODE YES AND DO NOT ASK C23v.
OTHERWISE ASK: What about absence or loss of an arm or leg?

OCAMPUTE YES 1
NO 2
DON'T KNOW -8

BOX C3	REFER TO FOLDOUT FLAP		
	SP IS ...		
	65 OR OLDER	1	(INTRODUCTION ABOVE C27)
	UNDER 65	2	(C24)

- C24. You told me that (SP) has had (MEDICAL CONDITIONS TO WHICH RESPONDENT ANSWERED YES IN C23a THRU v). (Was this/Were any of these) the original cause of (SP's) becoming eligible for Medicare?

EMCOND YES 1 **BOX C4**
NO 2 (C25)
DON'T KNOW -8 (INTRO ABOVE C27)

- C25. What was the original cause of (SP's) becoming eligible for Medicare? RECORD VERBATIM.

EMCAUSE1 **EMCAUSC1** _____
EMCAUSE2 **EMCAUSC2** _____
EMCAUSE3 _____ GO TO INTRODUCTION ABOVE C27.

BOX C4	REFER TO C23a-v		
	MORE THAN ONE CONDITION MENTIONED.....	1	(C26)
	ONLY ONE CONDITION MENTIONED	2	(INTRODUCTION ABOVE C27)

- C26. Which of these conditions was the cause of (him/her) becoming eligible for Medicare?
RECORD ALL CONDITIONS MENTIONED. RECORD VERBATIM.

EMARTERY **EMCSKIN** **EMMENTAL** **EMPARKIN** **EMOTHOS** _____
EMBP **EMCANCER** **EMALZHMR** **EMEMPHYS** **EMOS** _____
EMMYOCAR **EMDIABTS** **EMPSYCH** **EMPPARAL** GO TO INTRODUCTION ABOVE C27.
EMCHD **EMARTHRH** **EMOSTEOP** **EMAMPUTE**
EMOTHART **EMARTH** **EMBRKHIP** **EMSTROKE**

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

Now I'm going to ask about some everyday activities and whether (SP) has any difficulty doing them by (himself/herself).

C27. Because of a health or physical problem, does (SP) have any difficulty . . .

(1)
using the telephone?

YES 1 **W**(NEXT
NO 2 : ACTIV.)
S
DOESN'T
DO 3 (C28)

PRBTELE

(2)
shopping for personal items (such as toilet items or medicines)?

YES 1 **W**(NEXT
NO 2 : ACTIV.)
S
DOESN'T
DO 3 (C28)

PRBSHOP

(3)
managing money (like keeping track of expenses or paying bills)?

YES 1 **W**
NO 2 :
S
DOESN'T
DO 3 (C28)

PRBBILS

BOX
C5

C28. Is this because of a health or physical problem?

YES 1 **W**(NEXT
NO 2 : ACTIV.)
S
DONTTELE

YES 1 **W**(NEXT
NO 2 : ACTIV.)
S
DONTSHOP

YES 1 **W**
NO 2 :
S
DONTBILS

BOX
C5

BOX
C5

ASK C29 FOR EACH "YES" IN C27 OR C28. IF NO "YES" ANSWERS, GO ON TO INTRODUCTION ABOVE C30.

C29. [You said that (IADL) is something (SP has difficulty doing/SP doesn't do).] Does SP receive help from another person with (IADL)?

YES 1 **W**(NEXT ACTIV.
: CODED "YES"
: IF NONE:
NO 2 : INTRO ABOVE
: C30)
S
HELPTTELE

YES 1 **W**(NEXT ACTIV.
: CODED "YES"
: IF NONE:
NO 2 : INTRO ABOVE
: C30)
S
HELPSHOP

YES 1 **W**(INTRO ABOVE
: C30)
NO 2 :
S
HELPBILS

ACTIVITIES OF DAILY LIVING (ADLs)

Now I'll ask about some other everyday activities. I'd like to know whether (SP) has any difficulty doing each one by (himself/herself) and without special equipment.

	(1) bathing or showering?	(2) dressing?	(3) eating?	(4) getting in and out of chairs?	(5) walking?	(6) using the toilet?	
C30. Because of a health or physical problem, does (SP) have <u>any</u> difficulty . . .	YES..... 1 W (NEXT NO 2 : ACTIV.) S	YES 1 W (NEXT NO 2 : ACTIV.) S	YES..... 1 W (NEXT NO..... 2 : ACTIV.) S	YES1 W (NEXT NO2 : ACTIV.) S	YES..... 1 W (NEXT NO..... 2 : ACTIV.) S	YES..... 1 W (NEXT NO..... 2 : ACTIV.) S	BOX C6
	DOESN'T DO 3 (C30a)	DOESN'T DO 3 (C30a)	DOESN'T DO 3 (C30a)	DOESN'T DO 3 (C30a)	DOESN'T DO 3 (C30a)	DOESN'T DO 3 (C30a)	
	HPPDBATH	HPPDDRES	HPPDEAT	HPPDCHAR	HPPDWALK	HPPDTOIL	
C30a. Is this because of a health or physical problem?	YES..... 1 W (NEXT NO 2 : ACTIV.) S	YES 1 W (NEXT NO 2 : ACTIV.) S	YES..... 1 W (NEXT NO..... 2 : ACTIV.) S	YES1 W (NEXT NO2 : ACTIV.) S	YES..... 1 W (NEXT NO..... 2 : ACTIV.) S	YES..... 1 W (NEXT NO..... 2 : ACTIV.) S	BOX C6
	DONTBATH	DONTDRES	DONTEAT	DONTCHAR	DONTWALK	DONTTOIL	

BOX C6	ASK C31-C33 AS APPROPRIATE FOR EACH ADL CODED "YES" IN C30 OR C30a. IF NO "YES" ANSWERS, GO TO C34.
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C31. [You said (SP's) health makes (ADL) difficult./You said that (ADL) is something (SP) doesn't do.] Does (SP) receive help from another person with (ADL)?	YES..... 1 (C33) NO 2 (C32)	YES 1 (C33) NO 2 (C32)	YES..... 1 (C33) NO..... 2 (C32)	YES 1 (C33) NO 2 (C32)	YES..... 1 (C33) NO..... 2 (C32)	YES..... 1 (C33) NO..... 2 (C32)
	HELPBATH	HELPDRES	HELPEAT	HELPCHAR	HELPWALK	HELPTOIL

C32. Does someone usually stay nearby just in case (SP) needs help with (ADL)? [That is, does someone usually stay or come into the room to check on (him/her)?]	YES..... 1 NO 2	YES 1 NO 2	YES..... 1 NO..... 2	YES 1 NO 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	PCHKBATH	PCHKDRES	PCHKPEAT	PCHKCHAR	PCHKWALK	PCHKTOIL

C33. Does (SP) use special equipment or aids to help (him/her) with (ADL)?	YES..... 1 NO 2	YES 1 NO 2	YES..... 1 NO..... 2	YES 1 NO 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	EQUIPBATH	EQUIPDRES	EQUIPEAT	EQUIPCHAR	EQUIPWALK	EQUIPTOIL

- C34. I'd like to ask about a health problem that is more common than people think. (SHOW CARD C2.) Please look at this card and tell me how often, if at all, (SP) lost urine beyond (his/her) control during the past 12 months.

**SHOW
CARD
C2**

LOSTURIN

MORE THAN ONCE A WEEK	1
ABOUT ONCE A WEEK	2
2-3 TIMES A MONTH	3
ABOUT ONCE A MONTH	4
EVERY 2-3 MONTHS	5
ONCE OR TWICE A YEAR	6
NOT AT ALL	7
SP IS ON DIALYSIS OR CATHETERIZATION	8

GO TO SECTION D, HEALTH
INSURANCE